



Send completed forms to
DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason: _____

Leptospirosis

County _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived Diagnosis date: ____/____/____ Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): _____
☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

☐ ☐ ☐ ☐ **Headache**

☐ ☐ ☐ ☐ **Chills**

☐ ☐ ☐ ☐ **Muscle aches or pain (myalgia)**

☐ ☐ ☐ ☐ Joint pain

☐ ☐ ☐ ☐ Fatigue

☐ ☐ ☐ ☐ Malaise

☐ ☐ ☐ ☐ Confusion

☐ ☐ ☐ ☐ Depression

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

P N I O NT

☐ ☐ ☐ ☐ ☐ **Leptospira culture (clinical specimen)**

☐ ☐ ☐ ☐ ☐ **Leptospira antibodies with 4-fold rise (serum pair, 2 wks apart at same lab)**

☐ ☐ ☐ ☐ ☐ **Leptospira immunofluorescence**

NOTES

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ **Diphase fever**

☐ ☐ ☐ ☐ **Kidney (renal) abnormality or failure**

☐ ☐ ☐ ☐ Hematuria

☐ ☐ ☐ ☐ **Jaundice**

☐ ☐ ☐ ☐ **Conjunctival suffusion**

☐ ☐ ☐ ☐ Elevated CSF protein

☐ ☐ ☐ ☐ Elevated CSF cell count

☐ ☐ ☐ ☐ Myalgia

☐ ☐ ☐ ☐ **Rash observed by health care provider**

Rash Distribution: _____

☐ Generalized ☐ Localized ☐ Macular

☐ Papular ☐ Pustular ☐ Vesicular

☐ On palms and soles ☐ Bullous

☐ Other: _____

☐ ☐ ☐ ☐ Meningitis

☐ ☐ ☐ ☐ Hemorrhagic signs

☐ ☐ ☐ ☐ Hematologic disease

☐ ☐ ☐ ☐ Septic shock

☐ ☐ ☐ ☐ Other clinical findings consistent with illness

Specify: _____

☐ ☐ ☐ ☐ Admitted to intensive care unit

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period

Exposure period
Days from onset: -19 -4

o
n
s
e
t

Calendar dates:

EXPOSURE* (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Destinations: _____
Date left: _____
Date returned: _____

- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ Known contaminated food product
☐ ☐ ☐ ☐ Contact with animal carcass

☐ hide ☐ hair ☐ bone ☐ raw meat

Date(s) of exposure: _____

- ☐ ☐ ☐ ☐ Source of drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____

- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

- ☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

- ☐ ☐ ☐ ☐ Antibiotics prescribed for this illness Antibiotic name: _____
Date antibiotic treatment began: ____/____/____ # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Related to animal carcass source
☐ ☐ ☐ ☐ Contaminated swimming water
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Initiate trace-back investigation
☐ Report to Department of Agriculture
☐ Patient education regarding risk factors
☐ Proper animal carcass disposal education
☐ Notify others sharing exposure
☐ Biohazard protocol
☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____